

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	JT Care, LLC	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	DBA Joliet Terrace Nursing Center	
3. Debtor's federal Employer Identification Number (EIN)	45-2841697	
4. Debtor's address	Principal place of business  c/o TM Healthcare Management 15443 Summit Ave. Oakbrook Terrace, IL 60181 Number, Street, City, State & ZIP Code  DuPage County	Mailing address, if different from principal place of business  P.O. Box, Number, Street, City, State & ZIP Code  Location of principal assets, if different from principal place of business 2230 McDonough St. Joliet, IL 60436 Number, Street, City, State & ZIP Code
5. Debtor's website (URL)		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

Debtor **JT Care, LLC**  
Name

Case number (if known)

**7. Describe debtor's business** A. *Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
 See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**8. Under which chapter of the Bankruptcy Code is the debtor filing?** *Check one:*

- ☐ Chapter 7  
☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?** ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?** ☒ No.  
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **JT Care, LLC**  
Name

Case number (if known)

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☒ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention? (Check all that apply.)**

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

**Where is the property?**

Number, Street, City, State & ZIP Code

**Is the property insured?**

☐ No

☐ Yes.

Insurance agency

Contact name

Phone

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

☐ 1-49

☐ 50-99

☒ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

**15. Estimated Assets**

☒ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

**16. Estimated liabilities**

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☒ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **JT Care, LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 30, 2017**  
MM / DD / YYYY

**X /s/ Patrick Laffey**

Signature of authorized representative of debtor

**Patrick Laffey**

Printed name

Title **Manager and Designated Representative**

**18. Signature of attorney**

**X /s/ DAVID K. WELCH**

Signature of attorney for debtor

Date **October 30, 2017**

MM / DD / YYYY

**DAVID K. WELCH**

Printed name

**Crane, Heyman, Simon, Welch & Clar**

Firm name

**Suite 3705  
135 South LaSalle Street  
Chicago, IL 60603-4297**

Number, Street, City, State & ZIP Code

Contact phone **312-641-6777**

Email address

**06183621**

Bar number and State

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

☐ Chapter 7

☒ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **JT Care, LLC**

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

**DBA Joliet Terrace Nursing Center**

3. Debtor's federal Employer Identification Number (EIN) **45-2841697**

4. Debtor's address **Principal place of business**

**2230 McDonough St.  
Joliet, Illinois 60436**

Number, Street, City, State & ZIP Code

**Will**

County

**Mailing address, if different from principal place of business**

P.O. Box, Number, Street, City, State & ZIP Code

**Location of principal assets, if different from principal place of business**

**c/o TM Healthcare Management  
15443 Summit Ave.**

**Oakbrook Terrace, IL 60181**

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership

☐ Other. Specify: \_\_\_\_\_

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53AB))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80a-3)

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.naics.com/search/>.

8. Under which chapter of the Bankruptcy Code is the Debtor filing? Check one:

- ☐ Chapter 7  
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years after that).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.  
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☒ No.  
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If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?  
☐ No  
☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	SEE ATTACHED	Relationship to you	_____
District	_____	When	_____
		Case number, if known	_____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
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12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49               | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99              | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999            |  |  |

15. Estimated Assets

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000          | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000    | <input type="checkbox"/> \$10,000,001 - \$50 million           | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000   | <input type="checkbox"/> \$50,000,001 - \$100 million          | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million         | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000          | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000    | <input type="checkbox"/> \$10,000,001 - \$50 million           | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000   | <input type="checkbox"/> \$50,000,001 - \$100 million          | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million         | <input type="checkbox"/> More than \$50 billion          |

**Request for Relief, Declaration, and Signature**

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of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_  
MM / DD / YYYY

**JT Care, LLC, a Delaware limited liability company**

**By: JLM Financial Healthcare, LP, a Texas limited  
partnership, its sole member**

**By: JLM Financial Investments 13, LLC,  
a Texas limited liability company,  
its general partner**

**X By: \_\_\_\_\_**  
**Patrick Laffey, Manager and  
Designated Representative**

**18. Signature of attorney**

**X** \_\_\_\_\_  
Signature of attorney for debtor

Date \_\_\_\_\_  
MM / DD / YYYY

**DAVID K. WELCH**

Printed name

**Crane, Heyman, Simon, Welch & Clar**

Firm name

**Suite 3705  
135 South LaSalle Street  
Chicago, IL 60603-4297**

Number, Street, City, State & ZIP Code

Contact phone **312-641-6777** Email address \_\_\_\_\_  
**06183621**

Bar number and State

**Burke Warren MacKay & Serritella P.C.**

Firm name

**330North Wabash Avenue  
Suite 2100  
Chicago, Illinois 60611**

Number, Street, City, State & ZIP Code

Contact phone **312-840-7000** Email address \_\_\_\_\_



**Request for Relief, Declaration, and Signature**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

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I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

MM / DD / YYYY

JT Care, LLC, a Delaware limited liability company

By: JLM Financial Healthcare, LP, a Texas limited partnership, its sole member

By: JLM Financial Investments 13, LLC,  
a Texas limited liability company,  
its general partner

X

By:

Patrick Laffey, Manager and  
Designated Representative

**18. Signature of attorney**

X

Signature of attorney for debtor

Date

10/30/17  
MM / DD / YYYY

DAVID K. WELCH  
Printed name

Crane, Heyman, Simon, Welch & Clar  
Firm name

Suite 3705  
135 South LaSalle Street  
Chicago, IL 60603-4297  
Number, Street, City, State & ZIP Code

Contact phone 312-641-6777 Email address  
08183621

Bar number and State

Burke Warren MacKay & Serritella P.C.  
Firm name

330 North Wabash Avenue  
Suite 2100  
Chicago, Illinois 60611  
Number, Street, City, State & ZIP Code

Contact phone 312-840-7000 Email address

**RELATED BANKRUPTCY CASES FILED**

<b><u>Debtor</u></b>	<b><u>Relationship</u></b>	<b><u>District</u></b>	<b><u>Date Filed</u></b>	<b><u>Case No.</u></b>
BT Care, LLC	Related Entity	Northern District of Illinois	10/30/17	Unknown
CC Care, LLC	Related Entity	Northern District of Illinois	10/30/17	Unknown
CT Care, LLC	Related Entity	Northern District of Illinois	10/30/17	Unknown
FT Care, LLC	Related Entity	Northern District of Illinois	10/30/17	Unknown
KT Care, LLC	Related Entity	Northern District of Illinois	10/30/17	Unknown
SV Care, LLC	Related Entity	Northern District of Illinois	10/30/17	Unknown
TN Care, LLC	Related Entity	Northern District of Illinois	10/30/17	Unknown
WCT Care, LLC	Related Entity	Northern District of Illinois	10/30/17	Unknown
JLM Financial Healthcare, LP	Related Entity	Northern District of Illinois	10/30/17	Unknown

**Fill in this information to identify the case:**

Debtor name **JT Care, LLC**  
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an  
 amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Allstate - American Heritage Insurance PO BOX 650514 Dallas, TX 75265-0514						\$13,443.82
City of Joliet PO BOX 5001 JOLIET, IL 60434-5001						\$55,574.49
Cloverleaf Farms Distributors Inc. 13835 S. Kostner Crestwood, IL 60445						\$11,591.38
Constellation - Electric PO BOX 4640 Carol Stream, IL 60197-4640						\$34,403.95
Constellation - Gas Bank of America Lockbox Services 15246 Collections Center Dr. Chicago, IL 60693-0152						\$7,961.86
Dr. Shah Dr. Yatin Shah 2025 S. Chicago Joliet, IL 60436						\$5,000.00
e-Health Data Solutions PO BOX 385 Aurora, OH 44202-0385						\$5,250.00
Ecolab PO BOX 70343 Chicago, IL 60673-0343						\$7,343.93

Debtor **JT Care, LLC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Edward Don & Co. 9801 Adam Don Parkway Woodridge, IL 60517						\$13,326.82
EKS Management 6865 N Lincoln Lincolnwood, IL 60712						\$4,299.69
First Advantage Tax Consulting Services P.O.Box 404537 Atlanta, GA 30384-4537						\$5,028.08
Grasshopper Lawn and Landscape 500 Joyce Rd Joliet, IL 60436						\$9,101.65
Illinois Council on Long Term Care 203 N. LaSalle St. Suite 2100 Chicago, IL 60601						\$68,526.00
Medline Industries Inc. Dept. CH 14400 Palatine, IL 60055-4400						\$23,718.76
Performance Food Group-TPC 8001 TPC. Road Rock Island, IL 61204-7210						\$52,621.13
Pharmore Drugs LLC 3412 W. Touhy Skokie, IL 60076						\$12,931.55
Physician Care Services, S.C. 8051 186th Street Tinley Park, IL 60487						\$5,956.20
PointClickCare P.O.Box 674802 Detroit, MI 48267						\$16,548.51
Simplex Grinnell Tyco Dept. CH 10320 Palatine, IL 60055-0320						\$6,601.02

Debtor **JT Care, LLC** Case number (if known) \_\_\_\_\_  
Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
<b>Total Nurses Network 1515 North Harlem Ave Oak Park, IL 60302</b>						<b>\$6,558.06</b>

ACI 2450 Delta Lane Elk Grove Village, IL 60007	Case 17-32425 Doc 1 Filed 10/30/17 Entered 10/30/17 14:27:44 Desc Main Document Page 14 of 18	Olverleaf Farms Distributors Inc. 13835 S. Kostner Crestwood, IL 60445
Aetna 333 West Wacker Drive Chicago, IL 60606	BT Bourbonnais Care, LLC 133 Mohawk Dr. Bourbonnais, IL 60914	Comcast Internet (BT/JT/KT only) PO BOX 3001 Southeastern, PA 19398-3001
Allstate - American Heritage Insurance PO BOX 650514 Dallas, TX 75265-0514	Call One PO Box 87618 Dept.#10278 Chicago, IL 60680-0618	Community Care Alliance 322 S. Green Street, Suite 400 Chicago, IL 60607
Alpha Baking Co. 36230 Treasury Center Chicago, IL 60694	Centrad Healthcare Inc 184 Shuman Blvd Suite 130 Naperville, IL 60563	Constellation - Electric PO BOX 4640 Carol Stream, IL 60197-4640
Alternative Energy Solutions PO BOX 129 Schererville, IN 46375-0129	Chemsearch Division PO Box 152170 Irving 75015-2170	Constellation - Gas Bank of America Lockbox Services 15246 Collections Center Dr. Chicago, IL 60693-0152
Aramark Uniform Services 25259 Network Place Chicago, IL 60673-1252	Chubb Group of Insurance Companies 202A Hall's Mill Road PO Box 1675 Whitehouse Station, NJ 08889	Cook County Care 322 S. Green Street, Suite 400 Chicago, IL 60607
Arnie Yusim Leasing Inc. 650 Dundee Road Suite 158 Northbrook, IL 60062	Cigna Healthspring 9701 W. Higgins Road Suite 360 Des Plaines, IL 60018	CPI 10850 W. Park Place Suite 600 Milwaukee, WI 53224
AT&T PO BOX 5080 Carol Stream, IL 60197-5080	Cintas Fire Protection Cintas Fire 636525 PO Box 636525 Cincinnati, OH 45263	CSI Group International PO Box 311 West Berlin, NJ 08091
Avaya Inc. PO BOX 5125 Carol Stream, IL 60197-5125	City of Joliet PO BOX 5001 JOLIET, IL 60434-5001	Cube Smart - Storage 2114 Oak Leaf Street Joliet, IL 60436
Blue Cross Blue Shield 300 East Randolph Street Chicago, IL 60601-5099	CLIA LABORATORY PROGRAM PO BOX 530882 Atlanta, GA 30353-0882	Daniel McNamara c/o O'Donnell Haddad LLC 14044 Petronella Drive, #1 Libertyville, IL 60048

Direct Supply Inc  
Box 88201  
Milwaukee, WI 53288-0201

Case 17-32425 Doc 1

Firm Office Supplies  
PO BOX 199895  
Atlanta, GA 30384-4174

Filed 10/30/17 Entered 10/30/17 14:27:44  
Direct Desc Main  
PO BOX 452019  
Sunrise, FL 33345-2019

Dr. Shah  
Dr. Yatin Shah  
2025 S. Chicago  
Joliet, IL 60436

FIRM Systems  
206 South Sixth Street  
Springfield, IL 62701

Humana  
500 W. Main St.  
Louisville, KY 40202

e-Health Data Solutions  
PO BOX 385  
Aurora, OH 44202-0385

First Advantage Tax Consulting Services  
P.O.Box 404537  
Atlanta, GA 30384-4537

IlliniCare Health Plan  
999 Oakmont Plaza Drive  
4th Floor  
Westmont, IL 60559

Ecolab  
PO BOX 70343  
Chicago, IL 60673-0343

Fitzsimmons Hospital Services  
PO Box 497  
Oak Forest, IL 60452

Illinois Council on Long Term Care  
203 N. LaSalle St.  
Suite 2100  
Chicago, IL 60601

Econocare / LTC Interiors  
6990 N. Central Park Ave.  
Lincolnwood, IL 60712

FT Care, LLC  
40 Norht Smith St.  
Frankfort, IL 60423

Independent Living Systems  
5200 Blue Lagoon Drive  
Suite 500  
Miami, FL 33126

Edward Don & Co.  
9801 Adam Don Parkway  
Woodridge, IL 60517

Grasshopper Lawn and Landscape  
500 Joyce Rd  
Joliet, IL 60436

JT Care - Trust  
Resident Trust  
2230 McDonough  
Joliet, IL 60436

EKS Management  
6865 N Lincoln  
Lincolnwood, IL 60712

Green Arbor Landscape  
25161 Center Road  
Frankfort, IL 60423

KT Care, LLC  
100 Belle Air Ave.  
Bourbonnais, IL 60914

Environmental  
Recycling & Disposal Services  
PO BOX 675  
Orland Park, IL 60462-0675

GTO  
1213 Carol Crest Dr.  
Sleepy Hollow, IL 60118

LaMarco Systems  
Life Safety & Security Solutions  
475 Lindberg Ln.  
Northbrook, IL 60062

F.E. Moran, Inc.  
Alarm & Monitoring  
201 W. University  
Champaign, IL 61820

Harmony Health Plan  
29 North Wacker Drive  
Suite 300  
Chicago, IL 60606-3203

Landscaping Experts Inc.  
518 Scribner St  
Joliet, IL 60432

Family Health Network  
322 South Green St. Suite 400  
Chicago, IL 60607

Healthcare and Family Services  
HFS/Bureau of Fiscal Operations  
PO BOX 19491  
Springfield, IL 62794-9491

Lifecore Rehab and Counseling Ser  
8051 W. 186th Street  
STE.A  
Tinley Park, IL 60487

LifeScan 5255 Golf Rd. Skokie, IL 60077	Case 17-32425 Doc 1 Filed 10/30/17 Entered 10/30/17 14:27:44 Desc Main Document Page 16 of 18	Ministry Press 171580 Butterfield Rd Oakbrook Terrace, IL 60181	Personnel Planner, Inc. 913 W. Van Buren N-3A Chicago, IL 60607
Local 743 Severance & Retirement Plan PO BOX 94403 Chicago, IL 60690	Molina 1520 Kensington Road Suite 212 Oak Brook, IL 60523	Pharmore Drugs LLC 3412 W. Touhy Skokie, IL 60076	
Marlin Business Bank PO Box 13604 Philadelphia, PA 19101-3604	Mr. Rooter Plumbing 126 S. Desplaines Joliet, IL 60436	Physician Care Services, S.C. 8051 186th Street Tinley Park, IL 60487	
MAXXSOURCE 6301 W. Lincoln Ave. West Allis, WI 53219	Next Level 3019 W. Harrison St. Chicago, IL 60612	Physicians Immediate Care - Chica PO Box 8799 Carol Stream, IL 60197	
MedAssure of Indiana 920 E COUNTY LINE RD. STE 102 Lakewood, NJ 08701	NICL Laboratories 306 Era Drive Northbrook, IL 60062	Pitney Bowes Global Financial Serv PO BOX 371887 Pittsburgh, PA 15250-7887	
Medicaid 201 South Grand Avenue East 3rd FL Springfield, IL 62763	Nicor Gas Bill Payment Center PO BOX 5407 Carol Stream, IL 60197	PointClickCare P.O.Box 674802 Detroit, MI 48267	
Medline Industries Inc. Dept. CH 14400 Palatine, IL 60055-4400	Nutrition Care Systems 8770 W. Bryn Mawr Ave Suite 1300 Chicago, IL 60631-3515	PointClickCare 5570 Explorer Drive Mississauga, ON	
Meridian 222 N. LaSalle St., Suite 930 Chicago, IL 60601	Oak Forest Psychological Services 6502 Joliet Rd. Countryside, IL 60525	Prospect Resources Inc 8170 N McCormick Blvd Suite #107 Skokie, IL 60076	
Meyer Magence 4711 Golf Road Suite 200 Skokie, IL 60076	Performance Food Group-TPC 8001 TPC. Road Rock Island, IL 61204-7210	Purchase Power PO BOX 371874 Pittsburgh, PA 15250-7874	
MidCap Funding IV, LLC 7255 Woodmont Ave. Suite 250 Bethesda, MD 20814	Personnel Concepts PO BOX 5750 Carol Stream, IL 60197	R A Clinic For Psychiatry Care 3147 Treesdale Ct Naperville, IL 60564	



R&R Septic & Sewer Service Inc.  
24451 Black Rd.  
Shorewood, IL 60404

Rehab Care Group  
680 South Fourth St.  
Louisville, KY 40202

Relias & Tsonas, LLC  
150 S WACKER DR  
SUITE 1600  
Chicago, IL 60606

Remco Medical  
692A Theodore Street  
Joliet, IL 60435-7331

Retirement Home TV Corporation  
4604 Arden Dr  
Fort Wayne, IN 46804

Roto Rooter Services Company  
5672 Collections Center Drive  
Chicago, IL 60693

Sentry Pest Control  
PO Box 597451  
Chicago, IL 60659

Servpro of Joliet 9306  
2364 Essington Rd  
Joliet, IL 60435

Shark Shredding Inc  
18811 S. 90th Ave  
Suite I  
Mokena, IL 60436

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **JT Care, LLC**

Debtor(s)

Case No.

Chapter **11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **JT Care, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

**JLM Financial Healthcare, LP, a**  
**Texas limited partnership, its**  
**sole member**

☐ None [Check if applicable]

Date

10/30/17

  
\_\_\_\_\_  
**DAVID K. WELCH**

Signature of Attorney or Litigant

Counsel for **JT Care, LLC**

**Crane, Heyman, Simon, Welch & Clar**

**Suite 3705**

**135 South LaSalle Street**

**Chicago, IL 60603-4297**

**312-641-6777 Fax:312-641-7114**